

Table B – 2016 Reimbursement Rates: Cervical

*Effective January 1, 2016

Cervical Screening & Diagnostic Procedures			
Screening	CPT	Mod 26	Mod TC
Pap smear screening	88150		\$14.39
Pap smear, reported in Bethesda System requiring physician interpretation	88141	\$30.32	
Automated thin preparation	88142		\$20.57
Screening by automated system with manual re-screening	88148		\$14.39
Manual screening under physician supervision	88164		\$14.39
Manual screening and rescreening under physician supervision	88165		\$14.39
Computerized thin preparation	88175		\$25.07
HPV DNA Testing (high-risk typing only)	87624		\$47.80
HPV DNA Testing (High-risk typing for HPV types 16 & 18 only)	87625		\$47.80
Slide Consult	88321	\$96.52	

Office Visits			
New Patient Office Visit	CPT	Mod 26	Facility
New Patient office visit	99203	\$99.34	\$72.34
New Patient office visit	99204	\$99.34	\$72.34
New Patient office visit	99205	\$99.34	\$72.34
Established Patient Office Visit			
Established Patient office visit	99213	\$67.42	\$48.49
Established Patient, follow-up office visit	99212	\$39.68	\$23.85
Established Patient office visit	99214	\$67.42	\$48.49
Established Patient office visit	99215	\$67.42	\$48.49
New Or Established Office Consultations			
New or Established office consultations	99203	\$99.34	\$72.34

Diagnostics	CPT	Mod 26	Facility	
Vaginal biopsy	57105	\$125.32	\$116.63	
Endoscopy with biopsy of vagina/cervix	57421	\$145.49	\$116.93	
Colposcopy without biopsy	57452	\$100.68	\$86.40	
Colposcopy with biopsy of cervix	57455	\$131.91	\$104.28	
Colposcopy with endocervical curettage	57456	\$124.34	\$97.02	
Colposcopy with biopsy and endocervical curettage	57454	\$142.17	\$127.58	
Endocervical curettage	57505	\$93.47	\$84.09	
◆ Colposcopy with loop electrode biopsy of cervix	57460	\$257.33	\$153.03	
◆ Colposcopy with loop electrode conization of cervix	57461	\$291.52	\$176.97	
*Biopsy or local excision of lesion	57500	\$115.99	\$70.98	
◆ Conization of cervix	57520	\$282.92	\$255.60	
◆ Loop electrode excision	57522	\$243.14	\$226.38	
*Colposcopy for vagina and cervix if present	57420	\$108.32	\$85.97	
*Endoscopy w/ biopsy of vagina/cervix	57421	\$145.49	\$116.93	
*Endometrial biopsy	58100	\$100.94	\$82.32	
*Endometrial sampling , performed in conjunction with colposcopy	58110	\$44.81	\$38.60	
	CPT	Mod 26	Mod TC	Total
*Ultrasound exam pelvic complete	76856	\$33.23	\$66.00	\$98.23
*Transvaginal ultrasound non-ob	76830	\$33.54	\$76.56	\$110.10

Hospital/Ambulatory Surgery Center	CPT	In-Patient	Out-Patient	
◆Conization of cervix	57520	\$904.51	\$904.51	
◆Loop electrode excision	57522	\$904.51	\$904.51	
◆Colposcopy with loop electrode biopsy of cervix	57460	\$149.99	\$149.99	
◆Colposcopy with loop electrode conization of cervix	57461	\$161.50	\$161.50	
Biopsy or local excision of lesion	57500	\$70.64	\$70.64	
◆Requires prior authorization to obtain BreastCare reimbursement for diagnostic procedures only.				
Pathology	CPT	Mod 26	Mod TC	Total
Surgical Pathology Level IV	88305	\$37.79	\$29.68	\$67.47
Surgical Pathology Level III	88304	\$11.17	\$29.68	\$40.85
Surgical Pathology Level V	88307	\$82.84	\$194.71	\$277.55
Surgical Pathology Level VI	88309	\$144.16	\$271.01	\$415.16
Frozen Section	88331	\$62.12	\$27.20	\$89.31
Frozen Section, Additional	88332	\$30.63	\$16.33	\$46.96
OR Consult	88329	\$47.10		
Immunohistochemistry or immunocytochemistry, per specimen; first stain (replaces G0461)	88342	\$35.38	\$60.72	\$96.10
Immunohistochemistry or immunocytochemistry, per specimen; each additional stain (replaces G0462)	88341	\$26.62	\$54.01	\$80.63
Anesthesia	CPT	Mod 26		
* 57520, 57522, 57420, 57460, 57461	00940	\$142.87		
Note: Anesthesiologist/CRNA will bill for actual charges or up to the capitated limit for each procedure code.				
Lab	CPT	Mod 26	Mod TC	
Complete CBC, automated and automated differential WBC count	85025		\$10.59	
Hepatic Function Panel	80076		\$11.13	
Urine Pregnancy Test	81025		\$8.61	
CBC, automated	85027		\$8.81	
Basic Metabolic Panel	80048		\$11.52	
Comprehensive Metabolic Panel	80053		\$14.39	
* Requires specific diagnoses codes. See BreastCare billing instructions.				
◆ Requires prior authorization to obtain BreastCare reimbursement for diagnostic procedures. Mod 26 = Professional Fee Mod TC = Technical Fee Total = Combined (Professional and Technical) Fee Facility =These amounts apply when a physician performs the service in a facility setting.				